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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : I19990000182 Phone : (954)491-1120 Fax Number : (954)267-8013

TECEIVED

7 JUL -6 AH 8: 00

REGISTERED AGENT CHANGE

GLOBE PACKING SERVICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: GLOBE PACKING SERVICE, INC. 2. The principal office address: 5030 CHAMPION BLVD., SUITE G6, BOCA RATON, FL 33496 3. The mailing address (if different): 6020 N FEDERAL HIGHWAY, BOCA RATON, FL 33487 4. Date of incorporation/qualification: 02/01/1988 Document number: K13385 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: GENE K. GLASSER 2021 TYLER STREET HOLLYWOOD, FL 33020 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): GENE K. GLASSER, ESQ. 100 W. Cypress Creek Road, Suite 700 (P.O. Bex NOT seceptable) Fort Lauderdale, FL 33309 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such changes was authorized by resolution duly adopted by its board of directors or by an officer so authorized by it abbard, or the corporation has been notified in writing of the change.
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(Frinted or typed name and file)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, PL 32314 CR2E045 (8/05)